



Washington State Health Care Authority  
*Public Employees Benefits Board*

P.O. Box 42684 • Olympia, Washington 98504-2684  
360-725-0440 • TTY 711 • FAX 360-725-0771 • [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb)

Date

Name  
Address  
City State ZIP Code



**CORRECTION**

**You must pay the \$50 spousal or registered domestic partner  
coverage premium surcharge in 2016**

Dear Subscriber:

Effective January 1, 2016, you must pay the monthly \$50 spousal or registered domestic partner coverage premium surcharge in addition to your monthly premium. This surcharge is being applied because you either:

- Responded “yes” that the spousal or registered domestic partner coverage premium surcharge applies to your Public Employees Benefits Board (PEBB) Program account in 2016, or
- Did not respond to our requests this past fall that you attest to the spousal or registered domestic partner coverage premium surcharge by December 31, 2015.

You must pay the spousal or registered domestic partner coverage premium surcharge for all of 2016 unless there is a change in your spouse’s or registered domestic partner’s status that meets the requirements described in WAC 182-08-185, available under *PEBB Rules and Policies* at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb).

To change your spouse or registered domestic partner coverage premium surcharge attestation during 2016, you must submit proof of the qualifying event with your completed *2016 Premium Surcharge Change Form*. The form is available at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb) under *Get a Form*.

If you believe you submitted your attestation by December 31, 2015, and the spousal or registered domestic partner coverage premium surcharge has been incorrectly applied to your PEBB account, you may file an appeal as described in WAC 182-16-032. Please see the back of this letter for how to submit an appeal, including deadlines.

Sincerely,

PEBB Benefits Service

### *Deadline for Filing an Appeal*

Employees	Non-Medicare retirees, COBRA, or Continuation Coverage subscribers
<p>The PEBB Appeals Manager must receive your appeal <b>no later than 30 calendar days</b> after the date of this letter.</p> <p><b>Questions:</b> Please contact your employer's personnel, payroll, or benefits office. Employees' calls to the PEBB Program will be referred back to agencies.</p>	<p>The PEBB Appeals Manager must receive your appeal <b>no later than 60 calendar days</b> after the date of this letter.</p>

### **How do I submit a PEBB appeal?**

You may use the appeal form available at [www.hca.wa.gov/pebb/pages/appeals.aspx](http://www.hca.wa.gov/pebb/pages/appeals.aspx). Make sure you submit your appeal so it is received by the deadline shown in this letter.

If you choose not to use the appeal form, you may submit a written appeal. It should contain all of the following:

1. Your name and mailing address.
2. The name and mailing address of your representative, if any.
3. Documentation or reference to documentation of decisions previously provided through the appeal process, if any.
4. A statement identifying the specific portion of the decision being appealed and clarifying what is believed to be unlawful or in error.
5. A statement of facts in support of your position.
6. Any information or documentation you would like considered that supports why the decision should be reversed. Information or documentation submitted later, unless specifically requested by the PEBB appeals manager, may not be considered in the appeal decision.
7. The type of relief you are seeking.
8. A statement that says you believe the contents of your appeal are truthful and correct.
9. Your signature or your representative's signature.

Remember, an appeal is more than a complaint or criticism. In an appeal, you must explain why you think a decision was wrong and you should include information or documentation that supports your position.

Submit your appeal by one of the following methods:

**FAX:** 360-725-0771

**Mail:** PEBB Appeals  
Washington State Health Care Authority  
P.O. Box 42699  
Olympia, WA 98504-2699